

FEB-04-08

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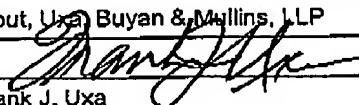
T-324 P.001

F-663

FEB 04 2008

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/576,803
		Filing Date	4/21/2006
		First Named Inventor	Champion
		Group Art Unit	1615
		Examiner Name	Isis Ghali
Total Number of Pages in This Submission	34	Attorney Docket Number	D-3150

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <i>(in duplicate)</i>	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	Stout, Uxa, Buyan & Mullins, LLP
Signature	
Printed Name	Frank J. Uxa
Date	February 4, 2008
	Reg. No. 25,612

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Signature		
Typed or printed name	Janet McGhee	Date 2/4/2008

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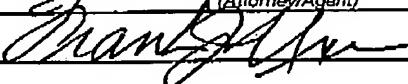
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T-324 P.002

F-663

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FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i>					
		Application Number	10/576,803				
		Filing Date	4/21/2006				
		First Named Inventor	Champion				
		Examiner Name	Isis Ghali				
<input checked="" type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Art Unit	1615				
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. D-3150					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 21-0890 Deposit Account Name: Frank J. Uxa							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
				<u>Subtotal (1)</u>	0		
2. EXCESS CLAIM FEES						<u>Small Entity Fee (\$)</u> 50 25 200 100 360 180	
<u>Fee Description</u>							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							
Multiple Dependent Claims							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				<u>Multiple Dependent Claims</u>
-20 or HP =	x						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
-3 or HP =	x						
HP = highest number of total claims paid for, if greater than 20							
HP = highest number of independent claims paid for, if greater than 3							
				<u>Subtotal (2)</u>	0		
3. APPLICATION SIZE FEE						<u>Fee (\$)</u> 100 50 200 100 300 150	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(g)(1)(G) and 37 CFR 1.16(c).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
-100 =	/50 =	(round up to a whole number)					
					<u>Subtotal (3)</u>	0	
4. OTHER FEE(S)						<u>Fee Paid (\$)</u> 100 50 200 100 300 150	
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) <input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) <input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) <input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount) <input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount) <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) <input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount) <input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount) <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) <input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount) <input type="checkbox"/> Other: _____							
					<u>Subtotal (4)</u>	0	
SUBMITTED BY							
Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,612	Telephone	949-450-1750		
Signature				Date	2/4/2008		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:) Group Art Unit: 1615
Champion, Mary J.)
Serial No. 10/576,803)
Filing Date: April 21, 2006)
For: SYSTEMS AND METHODS FOR)
TREATING HOT FLASHES ASSOCIATED)
WITH MENOPAUSE)

CERTIFICATE OF FACSIMILE TRANSMISSION

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on the date shown below.

Date: February 4, 2008

Name: Mary J. Champion

RESPONSE C

Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the office action mailed December 3,
2007.

Remarks begin on page 2 of this paper.